

# *Helping People Grow*



Massachusetts  
Department of  
Mental Health



*1986 Annual Report*

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### **Commonwealth of Massachusetts**

Michael S. Dukakis,  
*Governor*  
Philip W. Johnston,  
*Secretary of Human Services*  
Edward M. Murphy,  
*Commissioner*

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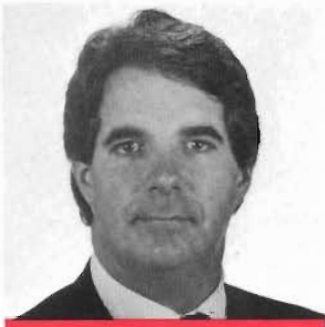
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## Commissioner's Message



Commissioner Edward M. Murphy

*The Massachusetts Department of Mental Health is undergoing an historic period of growth and change. This Annual Report highlights the progress toward building a responsive system for all of the mentally ill and mentally retarded citizens within our system.*

*1986 was a very important year for DMH. Through the renewed commitment of Governor Dukakis and Secretary Johnston, we have been able to develop a far-reaching plan for improving services to our clients.*

*The first, and probably the most important initiative of 1986 was the Governor's Special Message on Mental Health. Through this plan, the Commonwealth will revitalize its service system for chronically mentally ill clients by improving the quality of care in inpatient facilities while renewing its commitment to community-based care statewide.*

*The Department has also begun the process of separating into two separate agencies, a Department of Mental Health and a Department of Mental Retardation. This division of responsibility will allow the Commonwealth to provide services which address the very different needs of mentally ill and mentally retarded individuals.*

*DMH is also in the midst of a drive towards receiving accreditation from the Joint Commission on Accreditation of Hospitals (JCAH) for all facilities. In 1986 alone, three facilities, the Brockton Multi-Service Center, the Corrigan Mental Health Center in Fall River, and the Soloman Mental Health Center in Lowell received JCAH accreditation. In 1987 we expect that even more DMH facilities will be accredited.*

*We in the Department of Mental Health are proud of the progress that has been made. We realize there is a long way to go, but we are confident that with the continued support of the Governor, the legislature, and the human services community, both the Department of Mental Health and the Department of Mental Retardation will continue to enjoy the growth that is now in progress.*

A handwritten signature in cursive script that reads "Edward M. Murphy".



## A History of the Massachusetts Department of Mental Health



Like most states, the Commonwealth of Massachusetts did not offer services to the mentally ill and mentally retarded until nearly the middle of the nineteenth century. Massachusetts was, however, one of the first states to provide services to the mentally disabled, establishing the Worcester Lunatic Hospital (now Worcester State Hospital) in 1833 and the Massachusetts School for the Feeble-minded (now the Fernald State School) in 1948. The Fernald School is now the oldest publicly-funded school of its kind in the United States.

In those early days, Massachusetts did not have a state agency to oversee the treatment of mentally disabled individuals. The administration of Worcester Lunatic Hospital and the Massachusetts School for the Feeble-minded were entrusted to groups comprised of philanthropists, as well as state, county, city, and town officials from across the state. This arrangement continued until 1863 when these groups were brought together formally as the State Board of Charities. This Board was responsible for financing the institutions and for supervising the provision of services to patients. By this time Boston, Taunton, and Northampton State Hospitals had become operational.

The State Board of Charities continued to oversee the state's mental institutions for nearly 35 years. But in 1898 the state found itself in the midst of a wave of immigration that drastically increased the state's population as well as its population of mentally ill and mentally retarded individuals. This led the Commonwealth to found the State Board of Insanity in the same year, marking the first time in Massachusetts that the state had assumed total responsibility for treating the mentally ill and the mentally retarded, as well as epileptics and alcoholics. By the time the State Board of Insanity was founded, Massachusetts had built state hospitals in Grafton, Danvers, Westborough, Foxborough, Medfield, and Monson (Monson later became a state school for the mentally retarded).

The State Board of Insanity continued to operate until 1916 when it was replaced by the Massachusetts Commission on Mental Diseases, a reflection of the Commonwealth's concern for mental health issues. The Commission on Mental Diseases continued as such until a statewide reorganization of state agencies resulted in the commission being renamed the Department of Mental Diseases.

In 1938 the Department of Mental Diseases was reorganized into the current Department of Mental Health as result of a Special Commission which was created to study charges of neglect and mismanagement in state facilities. By this time the Department had grown to oversee sixteen facilities, including new state hospitals in Gardner and Waltham (Metropolitan State), new state schools in Wrentham and Belchertown, and Massachusetts Mental Health Center in Boston.

Massachusetts entered the modern era of mental health care in 1961 in response to President Kennedy's call for more efficient and humane care through a comprehensive community mental health care system. The subsequent twenty-five years have seen the implementation of deinstitutionalization, in which the Commonwealth's inpatient census decreased from over 20,000 state institution clients in 1960 to just about 2500 in 1986.

In the years since the development of the Commonwealth's community mental health care system, the Department of Mental Health has built a number of new, more modern facilities while closing many of the state's older, obsolete hospitals. As a result, DMH can now work toward assuring the best possible care for all of its clients, whether they are in the community or in one of the Commonwealth's seven state hospitals or five state schools for the mentally retarded.

1833

1848

1863

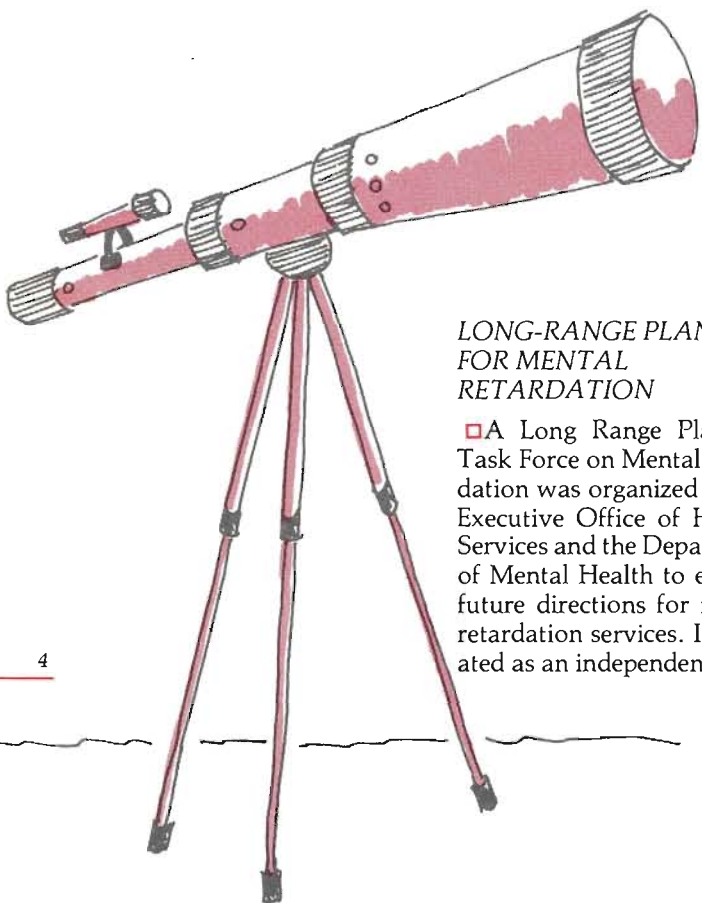
1898

1916

1938

1961

1986



## LONG-RANGE PLAN FOR MENTAL RETARDATION

□ A Long Range Planning Task Force on Mental Retardation was organized by the Executive Office of Human Services and the Department of Mental Health to explore future directions for mental retardation services. It operated as an independent body

consisting of parents, advocates, clients, agency representatives, service providers, academics, and legislative staff.

The committee's major recommendations, announced in June 1986, included:

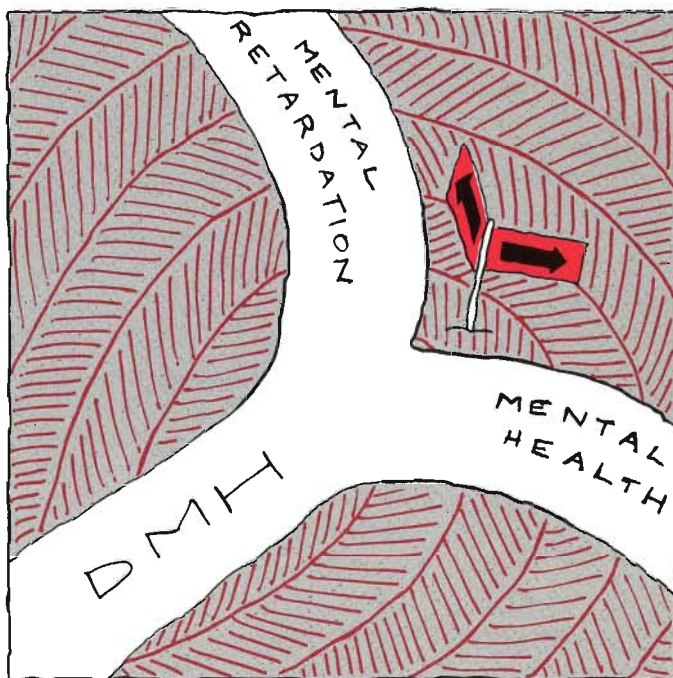
- ▲ *Services to mentally retarded citizens should be as close to home as possible;*
- ▲ *Residential programs must be home-like and staffed by local residents and operated by local providers;*
- ▲ *People with mental retardation must have access to all types of employment in accordance with their skill level;*
- ▲ *More research must be done to prevent mental retardation.*

## ADOLESCENT UNITS

□ Seven adolescent units were developed in 1986 in response to Executive Order 244, which requires special inpatient services for youths between the ages of 16 and 22. Three are intensive residential treatment programs (IRTP) which address long-term needs of adolescents and four are acute units serving as short-term diagnostic centers with a maximum stay of 90 days. These programs treat a capacity of 92 youth. The IRTP's, each serving 12 people, are located in Westborough, Worcester, and Marlboro. The acute units, serving 14 youth, are located in Westborough, Taunton, Waltham, and Salem.

# split

The legislature voted in December of 1986 to separate the Department of Mental Health into two separate agencies. The new Department of Mental Health will serve mentally ill persons while the new Department of Mental Retardation will focus on services for persons with mental retardation. The separation will begin a transition year on July 1, 1987.





### GOVERNOR'S SPECIAL MESSAGE

□ Governor Dukakis announced a five-year plan in December 1985 designed to revitalize mental health services to the chronically mentally ill in Massachusetts. The \$261 million, four-point plan begun in 1986 focuses on:

▲ *Providing comprehensive emergency and support services for all chronically mentally ill persons living in the Commonwealth;*

▲ *Doubling the number of community beds available to the chronically mentally ill to a total of 5,000;*

▲ *Improving the quality of inpatient care at state hospitals and in community mental health centers;*

▲ *Continuing program management improvements designed to enhance quality of care and accountability.*

### DISENGAGEMENT

□ Federal District Court Judge Joseph Tauro removed the court from active supervision and returned responsibility for the Commonwealth's five state schools for the mentally retarded to the Department of Mental Health in December 1986. This transfer comes after 13 years of court monitoring. DMH has worked closely with Judge Tauro for these thirteen years to insure that substantial improvements in staffing, day programs, and physical renovation of residential facilities were realized.

### INTERNAL AFFAIRS

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□ *The Office of Internal Affairs* was created by Commissioner Murphy in September of 1986. The unit is responsible for providing programmatic direction and standardization of procedures to the department's 225 uniformed police officers and security personnel, as well as overseeing all investigations into client injuries and deaths, and allegations of staff wrongdoing.

### Special Message:

### 5 Year Plan for Services Expansion and Improvements (\$ in millions)

	FY'87 Annualized (Actual)	FY'88 House Annualized	FY'89	FY'90	FY'91	TOTAL
<b>Psychiatric Hospitals</b>						
▶ 583 Active Treatment and Care Services Staff	15.9	—	—	—	—	15.9
▶ Forensic Units, Including 134 Staff	3.62	—	—	—	—	3.62
▶ Administrative Improvements	1.0	—	—	—	—	1.0
<b>Community Mental Health</b>						
▶ 101 Active Treatment and Support Services Staff	2.48	—	—	—	—	2.48
<b>Residential and Day Programs</b>						
▶ 2500 Total Slots	7.814	8.233	14.65	18.08	15.26	64.04
<b>Access and Support</b>						
▶ Emergency Services and Deaf	2.75	5.13	3.73	—	—	11.61
▶ Case Management	4.37	2.59	2.69	—	—	9.65
▶ Family Support	1.4	—	—	—	—	1.4
<b>Management Improvements</b>						
▶ Quality Assurance	.5	—	—	—	—	.5
▶ Clerical Support	.463	—	—	—	—	.463
▶ Training	.25	—	—	—	.25	.5
▶ Psychiatrist Recruitment and Retention	.15	—	—	—	—	.15
<b>TOTAL</b>	<b>40.697</b>	<b>15.950</b>	<b>21.07</b>	<b>18.08</b>	<b>15.26</b>	<b>111.06</b>

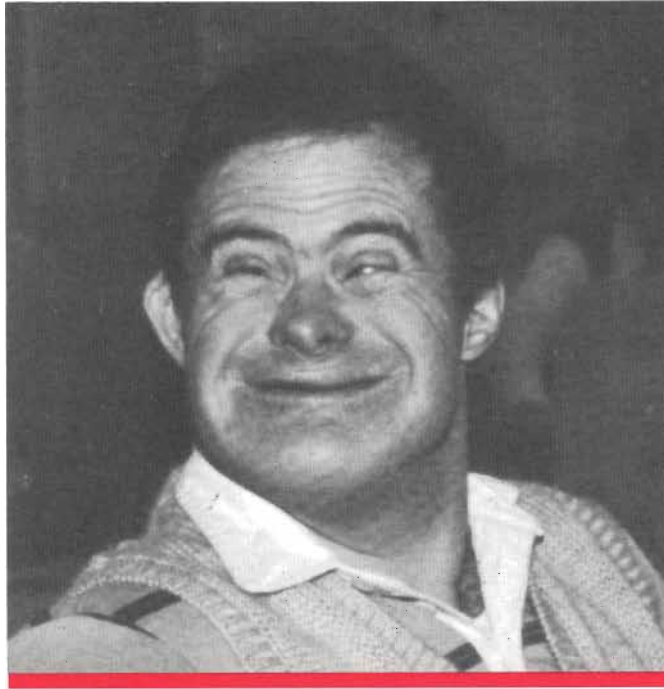
### FORENSIC MENTAL HEALTH DIVISION

□ *The Division of Forensic Mental Health* became fully operational in 1986 in response to the need for coordination between the mental health and justice systems. It provides court-based forensic evaluations; clinical and forensic mental health services at several county correctional facilities and at MCI Framingham; and consultation and supervision concerning mentally ill persons involved with the criminal justice system. The Division serves as a liaison between the Department of Mental Health and the Department of Correction's Bridgewater State Hospital.

### MANAGEMENT IMPROVEMENTS

□ *Chief Operating Officers* were hired to oversee all aspects of hospital operations. These positions were created in an effort to upgrade hospital conditions and to centralize hospital management.

## Helping People Grow



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*The cover of this 1986 Report symbolizes the Department's broadest goal: Helping People Grow. The Department of Mental Health has been helping people grow for all of its fifty years — helping clients to live up to their highest potential in programs designed to enable them to live productive and independent lives. Our clients are a very diverse group, yet the goal of personal growth in the best possible environment guides all of our planning.*

*The Department itself is in a period of growth. The Governor's Special Message on Mental Health has given us the means to dramatically expand and improve community and residential services for the chronically mentally ill. The recent disengagement from the consent decrees governing the mental retardation service system affords us a new opportunity to continue independently to improve services in the state schools for the mentally retarded. Finally, significant improvements have been made in the Department's management at every level, from implementation of the statewide performance management system to hiring of forty new managers to oversee the Department's expansion.*

*Helping People Grow — reading this report will show you some of the important ways that the Department has grown, and has helped its clients grow. The report is organized by service type — community, residential, vocational, etc. — to illustrate the different models that have been developed to direct and sustain growth.*





## Community Services: "Enhancing Community Opportunities"



The philosophy underlying all Department of Mental Health policies and program initiatives recognizes that people with mental illness and mental retardation should receive services in as normal a setting as possible. This philosophy commits the Department to devote a major effort toward building and improving a network of residential, day, and support services in local cities and towns throughout Massachusetts.

The community care movement for both mentally ill and mentally retarded clients is guided by this least-restrictive philosophy. Following is a separate account of the accomplishments made in community services in both the mental health and mental retardation systems.

### COMMUNITY MENTAL HEALTH SERVICES

The Department's Division of Community Programs and Operations is responsible for planning, developing, and administering all adult mental health programs operated by the Department and by private providers through contracts. These programs concentrate on serving priority populations, including chronically mentally disabled individuals, those in danger of hospitalization without community supports, cultural and linguistic minorities, and the hearing impaired.

The Division oversees 40 area offices and 10 community mental health centers (CMHC's). This includes managing all emergency, residential, day, and support services, as well as the case management system.

### 1986 Accomplishments

Much of the work completed in 1986 was the foundation for the implementation of the Governor's Special Message. Highlights of these accomplishments include:

▲ *The accreditation of three CMHC's and their service systems by the Joint Commission on Accreditation of Hospitals (JCAH). They were the Solomon Center in Lowell, the Corrigan Center in Fall River, and the Brockton Multi-Service Center;*

▲ *Participation in a national two-year pilot project with the JCAH to develop a new manual for consolidated service standards in preparation for accreditation of the area systems;*

▲ *Design of a plan for a balanced service system in each area. This will insure that essential services such as emergency, case management, residential, day, and inpatient services are in place for a comprehensive service system;*

▲ *Development of a series of working agreements between hospitals and area service systems that will assure smooth transitions for clients between the hospital and community care systems;*

▲ *Improved staffing patterns for CMHC inpatient units in order to implement new seclusion and restraint regulations.*

The Division of Community Programs and Operations looks to strengthen the community mental health system by implementing the Governor's Special Message and improving management services to achieve JCAH accreditation for the whole state system. Specific objectives include appointing field operations managers and de-

veloping standardized operational procedures for areas, as well as designing a system for training, technical assistance, and consultation. Annual area board conferences are also planned to encourage citizen participation.

## COMMUNITY MENTAL RETARDATION SERVICES

The Division of Mental Retardation maintains a state-wide network of community-based services. These include residential, day, vocational, respite care, service coordination, transportation, and support services for people with mental retardation and their families. During 1986 approximately 12,000 mentally retarded persons received these services.

The focus of these community-based programs is on serving three groups of mentally retarded clients: class members, community clients, and clients turning 22 years of age. (Class members are those individuals who are entitled to receive services in accordance with the stipulations of the consent decrees. The turning 22 group of clients are those individuals turning 22 years of age who are no longer eligible for special

education services and who are moving into the adult service system.)

Community-based services are either purchased under contract from private agencies or state-operated. Area staff develop client programs, promote resource management, maintain safety and quality program standards, and monitor ongoing program effectiveness.

### 1986 Accomplishments

Division activities in 1986 focused on continued progress in meeting housing agenda commitments, where approximately 1,000 clients will be placed into community-based housing over a four year period, ending in 1988. During 1986 approximately 300 placements were made.

A second major 1986 initiative was the state-operated community-based program. In conjunction with the housing agenda, plans are now in place to operate small 6-8 bed residences with state staff reassigned from the state schools. As programs become operational, resources will be shifted from the state school to the community. This represents a major transition in state schools as resources for the new community programs.

Other FY'86 accomplishments include:

- ▲ Development of new programs to serve over 200 clients turning 22 years of age and moving into the adult mental retardation service system;

- ▲ Increasing capacity to respond to client emergencies and plan for clients on area waiting lists (totalling approximately 2,300 clients);

- ▲ Strengthening of community services by adding 15 new service coordination positions to area offices;

- ▲ Management of a transportation system for over 7,000 clients. DMH assumed management responsibility from the Department of Education in 1986;

- ▲ Initiation of a program development planning process focusing on day services, family support services, respite care and residential programs for emotionally disturbed/mentally retarded, deaf/blind, behaviorally involved, and autistic clients;

- ▲ Initiation of training in the Individual Service Plan process aimed at making the process more efficient for clients, families, and staff.

In the coming years the division expects to concentrate on the four primary

issues facing its service delivery system:

- ▲ Development of new services for mentally retarded persons residing with their families;

- ▲ Implementation of a quality assurance system;

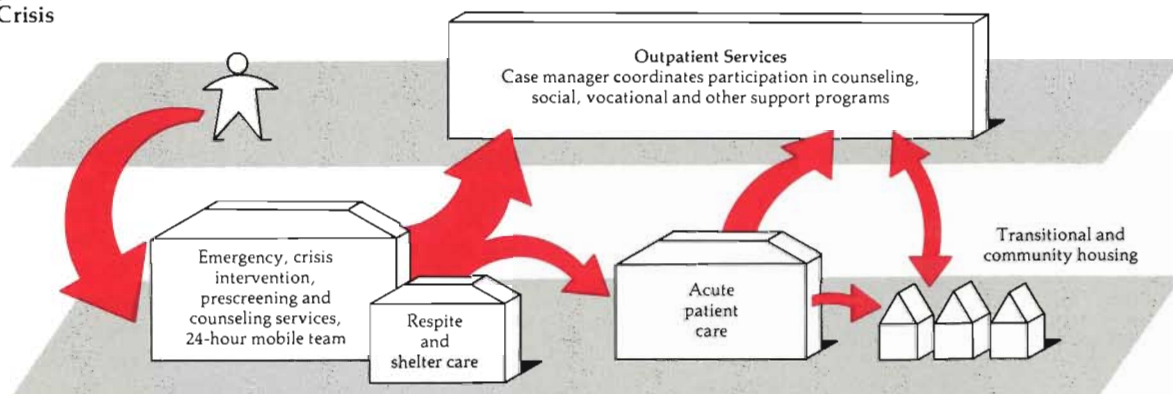
- ▲ Stabilization of existing services and programs;

- ▲ Fulfillment of the Consent Decrees governing services provided to class members.

1987 will see the implementation of an improved quality assurance system for mental retardation services. The Service Coordinator Program, Independent Professional Reviews, Licensure, and Individual Service Plans are targeted priorities for refinement and expansion.

In 1988 the Division will continue to develop new community programs, including supported employment, elder day services, low-incidence, transitional day, and residential programs. Special attention will be paid to the development of family support projects. These program development initiatives will complement the housing agenda initiatives and will continue to address the outstanding service needs of clients on waiting lists as well as clients turning 22 years of age.

### How a Comprehensive Services System Works for a Person in Crisis





## Children's Services: *"Establishing a Separate Service Network"*



The Division of Child and Adolescent Services, offers a variety of treatment options to children and adolescents experiencing, or are at risk of serious emotional and behavioral problems. These services are provided through contracts with community programs and through state-operated or affiliated mental health centers. Services include: inpatient, residential treatment, day programs, emergency services, outpatient counseling, and case management.

### 1986 Accomplishments

The mandate guiding the provision of mental health services for children under 22 focuses on establishing a separate service network for seriously disturbed youth. Program initiatives and strengthened interagency agreements in 1986 enhanced development of that separate system.

Major accomplishments for 1986 were:

- ▲ Opening of seven new inpatient units exclusively to treat seriously disturbed youth. Four of the units are acute programs offering short-term assessment and diagnostic services to adolescents. Three programs are intensive residential treatment programs (IRTP's) designed for long term treatment (18 months). While five of the units are on state hospital grounds, two are sited in the community, Salem Hospital operates an acute unit and the Germaine Lawrence School sponsors an IRTP at Madonna Hall in Marlboro. All programs are run by private providers through contracts with DMH;

- ▲ Development of a case management system. Each area office has hired a children's case manager to supervise tracking of all cases to ensure proper resource identification, interagency coordination, and shorter hospital stays;

- ▲ Development of interagency agreements between DMH and the Department of Youth Services, and between DMH, the Executive Office of Human Services, and the Department of Education to insure cooperation between the agencies that provide service to children and adolescents. This serves as a foundation for joint program planning and other shared future projects.

The division views these accomplishments as a solid base for developing a separate and successful treatment network for children and adolescents. Future plans for treating seriously disturbed youth include:

- ▲ Development of multi-area/multi-district and statewide programs that treat severe, though low incidence conditions;

- ▲ Partnership with community hospitals for the provision of psychiatric inpatient services at the community level;

- ▲ Continued expansion of community-based residential treatment for seriously disturbed youth;

- ▲ Completion of a computerized client tracking system;

- ▲ Development of crisis programs with a diagnostic capacity to divert youth from more costly hospital stays.



## Day/Vocational Services: "Sharpening Employment And Daily Living Skills"



The Department helps clients to live and work in the best settings possible. This includes providing day and vocational programs for people with mental illness and mental retardation. Like everyone, DMH clients need daily challenges and goals. The Department attempts to address the needs of each client through social support, transitional work, or paid positions in industry.

Although programs for the mentally ill and mentally retarded vary, both service systems offer gradual levels of support, depending on the client's skills. Those levels include:

▲ *Day Treatment* — provides short-term, intensive therapeutic services for acutely mentally ill persons;

▲ *Day Activity* — focuses on the development of social and daily living skills;

▲ *Pre-Vocational/Work Activity* — teaches basic work and social skills to those clients with multiple disabilities;

▲ *Sheltered Workshop* — provides contracted piece-work for clients to complete and return to the contractor. It is designed for those clients who are not ready to work in a competitive environment;

▲ *Transitional/Supported Employment* — provides placement in community businesses with competitive wages utilizing staff support on the job.

### 1986 Accomplishments

The chart below shows the number of clients served in 1986.

Employment services for the mentally ill and mentally retarded are expected to increase tremendously in the next few years. The Department will expand its present clinical orientation in order to develop more transitional/supported employment opportunities in competitive environments. In addition, the Department plans to develop community support clubhouses and to expand social clubs for the mentally ill.

Program	MH Client Served	MR Client Served
Day Treatment	507	N/A
Day Activity	617	1,383
Pre-Vocational/Work Activity	166	1,202
Sheltered Workshops	150	1,587
Transitional/Supported Employment	321	478

Housing:  
*"Creating Access To Community Living"*



The Special Message, which calls for increasing community residential capacity to serve an additional 2,500 persons will begin in 1987. The major development strategies included in the Special Message offer creative partnerships with local housing authorities and private landlords to generate new housing options. Funding for the Special Message will be completed in 1991.

The Housing Services Office provided training to field staff on how to access these various residential funding mechanisms.

The Housing Services Office will be concerned with the implementation of residential services as specified in the Governor's Special Message, to Community education and acceptance of housing for mentally ill people will be a large part of the process associated with these new community housing initiatives.

Shortages in low-income housing and difficulties encountered by disabled citizens in finding, financing, and maintaining adequate housing led the Department to create the Housing Services Office in 1985. The Office is responsible for identifying housing needs and existing resources that could be applied to housing opportunities. In addition, the Housing Office projects future needs for housing and residential services and recommends delivery systems. The Housing Office also increases the Area Office capacity to develop housing and residential services.

#### 1986 Accomplishments

In its first full year of operation, the Housing Services Office focused on gathering data on chronically mentally ill clients in need of new or improved residential services. The office conducted a survey to assist the Department in both the planning and the development of the Governor's Special Message, a five year plan to improve services to people with chronic mental illness.



## Homeless Services: *"Combining Stable Housing with Treatment"*



The goal of the Division of Homeless Services is to offer supportive housing and treatment to those homeless individuals who are afflicted with mental illness. The Department has initiated the nation's first comprehensive shelter model offering medical, psychiatric, and vocational services, in addition to transitional housing for the homeless mentally ill. These specialized programs help people learn the necessary skills to live independently.

### 1986 Accomplishments

In 1986 the Office of Homeless Services expanded its service base by adding the following:

- ▲ *Two therapeutic shelters for the homeless mentally ill;*
- ▲ *A ten bed crisis intervention unit added to Massachusetts Mental Health Center in Boston;*
- ▲ *Four new psychiatric nurse/shelter specialists;*
- ▲ *Eight homeless case managers to work in shelters and on the streets providing outreach and services;*

- ▲ *Four new Congregate Support Lodging Houses for formerly homeless mentally ill people; (60% of whom are from the streets and 40% from DMH inpatient units);*
- ▲ *A new psychiatrist position for the Boston Health Care for the Homeless Project funded by the Robert Wood Johnston Foundation.*

The Office of Homeless Services will participate in the creation of generic community support centers for single adult homeless individuals and single parent families who are homeless. Efforts are also underway with the Department of Public Health to create a pilot program that will serve homeless men and women who are both mentally ill and alcoholic. Programs like these will help Massachusetts continue its role as a national leader in providing a wide spectrum of services to homeless mentally ill individuals.



Facilities:  
*"Revitalizing Client Treatment, Personal Care, And Living Areas"*



The largest part of the Department's service network has historically been its facilities for mentally ill and mentally retarded persons. Now these facilities are in a period of transition. They are smaller in size and are going through varied phases of improvements and renovation. The seven state hospitals for the mentally ill and the seven state schools for the mentally retarded have all sharply reduced their census in the past decade as community program models, which offer residents a more normal living environment, have been developed.

Yet there remain clients who need residential treatment. To provide this care the Department is making major investments in its facilities. Improvements in the state schools and hospitals are aimed at achieving more patient privacy, cleaner and brighter surroundings, and high-quality active treatment. Separate progress reports on the mental health and mental retardation facilities are provided in this section.

#### STATE HOSPITALS

The Division of Hospital Management oversees the operation of seven state hospitals and two special treatment centers — the Gaebler Children's Center in Waltham and the Bridgewater Treatment Center. The seven state hospitals — Danvers, Taunton, Westborough, Worcester, Medfield, Metropolitan (Waltham), and Northampton — and the two specialized centers provide inpatient treatment. These facilities provided inpatient services to approximately 8,500 patients in 1986.

#### 1986 Accomplishments

A vast planning process to direct major improvements in inpatient hospital services occurred in 1986. The Department developed a hospital management plan designed to revitalize the state hospital system and improve the quality of patient care. The plan has established five goals:

- ▲ To convert each hospital's management structure to a common centralized model;
- ▲ To create inpatient units that deliver quality service in accordance with Title XIX and JCAH standards.
- ▲ To convert inpatient systems from geographically oriented to functionally oriented units;
- ▲ To create an inpatient system with clearly defined resources that can be integrated into other components of the mental health system;
- ▲ To improve inpatient environments.

1986 achievements guided by the hospital management plan include:

- ▲ The hiring of seven chief operating officers and medical directors to manage each state hospital — a critical step in achieving a centralized model;
- ▲ The development of a professional hospital management team at central office to plan and oversee changes;
- ▲ The establishment of recruitment efforts for hiring clinical managers for such disciplines as occupational therapy, social work, psychology, nursing, quality assurance, and staff development;



▲ *The purchase of furnishings to insure privacy and enhance the quality of living in inpatient units;*

▲ *Improvements in hospital staffing, laying the groundwork for better patient care, active treatment, and hiring of 180 additional direct care staff.*

These accomplishments represent a significant start in upgrading state hospitals. In the future, the division plans to develop quality assurance programs and utilization review, enhance direct care and clinical staff, centralize medical records, and develop forensic inpatient units, as part of its effort to provide high quality care and achieve accreditation from the Joint Committee on the Accreditation of Hospitals.

## STATE SCHOOLS

The five state schools — Belchertown, Monson, Fernald, Wrentham, and Dever — together with two regional centers — Glavin and Hogan/Berry — comprise the larger residential-based service centers for mentally retarded persons. These seven facilities serve approximately 3,400 mentally retarded persons across the state. After nearly a decade of dramatic renovations and improved services, these facilities are being redefined by their changing population of older residents who require more specialized services.

As state-operated community program models are expected to play a greater role in residential services, the role of the state schools must change. The state schools will provide staff to work in these programs, serve as resource centers, and provide training and support services to clients and staff.

## 1986 Accomplishments

Accomplishments in the mental retardation facilities during 1986 reflect success in creating less restricted environments both within facilities and in community programs:

▲ *All seven facilities and regional centers continued to maintain Title XIX certification, a requirement for receiving federal reimbursement;*

▲ *Renovation of four buildings and new construction of five buildings at Fernald, Monson, and Wrentham was completed;*

▲ *Community placements were developed for 198 residents;*

▲ *A single staffing methodology was developed to determine staffing levels for direct care staff, professional staff, and ancillary staff at the facilities;*

▲ *Agreements were signed with major unions (Local 509 and AFSCME) allowing state school staff to be reassigned to state-operated community-based programs;*

▲ *The Commonwealth's Performance Management System was introduced to assess job performance of managers at the state schools.*

During the coming years, efforts at the facilities will focus on completion of construction and renovation of projects, the reassignment of state personnel to community-based programs, the placement of nearly 600 clients into community-based programs, and the provision of quality services to those clients who remain at the facilities.

The mental retardation facilities will assume a vital, new role in the spectrum of services offered to mentally retarded persons. They will not only serve residents, but also offer specialized therapeutic services, adaptive equipment, training, and professional consultations to the community-based program sector. In this way, the resources available at the facilities will benefit the overall service system.





## Human Rights: *"Ensuring That Clients Are Treated With Dignity And Respect"*



The Office for Human Rights was established within the Commissioner's Office in 1985 to assure the protection of the rights of all the Department's clients.

The specific objectives of the OHR include providing access to the Office of the Commissioner on concerns related to the rights of the Department's clients; monitoring the means by which the Department and its service providers protect the rights of clients; providing assistance in the development and maintenance of the Human Rights Committee; and administering the Fair Hearing process of the Individual Service Plan appeals system.

Each DMH-funded program is now required by regulation to have a Human Rights Officer on site and available to monitor and protect the rights of all clients, and to assist clients, their families, and staff members with the Department's complaint process.

In addition to supervising Human Rights Officers, the Office provides assistance in the development and maintenance of the Human Rights Committees for the state hospitals, schools, and vendor programs. Committee members are volunteers who are appointed by program directors to review, monitor, and investigate services provided to clients on rights issues. As impartial third parties, they assist the Department in protecting the clients' human rights.

### 1986 Accomplishments

In 1986 the OHR focused primarily on assuring the rights of clients in DMH operated institutional settings and community mental health centers. Other achievements included:

- ▲ Co-sponsoring the third annual DMH Human Rights Conference entitled "Controversies in Human Rights";
- ▲ Completing a study of deaths of DMH clients during 1984-1985;
- ▲ Conducted numerous local trainings for Human Rights Committee members throughout the state.

Future plans include offering basic and specialized trainings to Human Rights Committees and Officers, and staffing each district with a representative to enable the Department to upgrade the quality of training for Officers and Committee members. The Office will also continue to sponsor the Annual Human Rights Conference.





## Staffing: "Gearing Up To Meet The Challenges"



The Department of Mental Health spends hundreds of millions of dollars each year to provide mental health and mental retardation services. These programs would not be possible without the talents and dedicated efforts of thousands of employees. They are the Department's largest investment and most valuable resource. They also constitute the largest single agency workforce in state government.

In 1986, the Department of Mental Health employed 18,771 staff to plan, manage, support, and carry-out its services to more than 130,000 clients:

10,559	State Schools
3,743	State Hospitals
2,109	Community Mental Health Centers
1,735	District/Area Offices
270	Central Office
129	Gaebler Children's Center
127	Laundry
99	Bridgewater Treatment Center

▲ *Negotiation with major unions to allow personnel re-assignment from state schools to smaller, state-operated community residences. As a result clients can move into more appropriate programs and state schools can become effective resource centers to support the community residential clusters;*

▲ *Hiring 180 direct care staff to improve patient care in state hospitals;*

▲ *Hiring of 40 new managers to oversee the Department's improvements and increase accountability.*

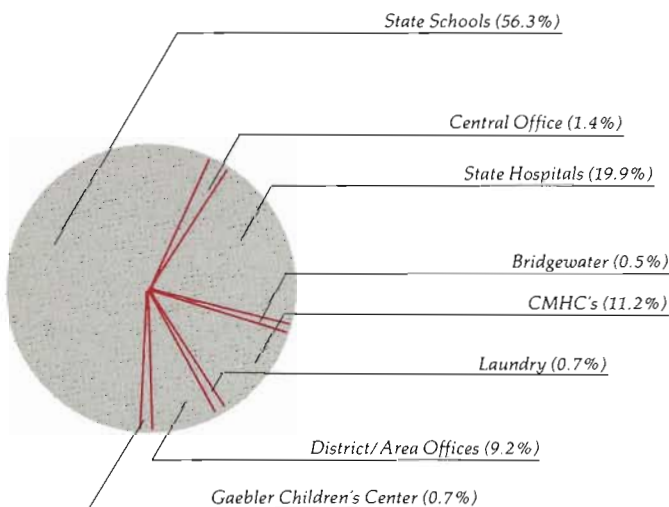
The Department will move forward to strengthen field services in several ways, including the hiring of area case managers and service coordinators. In 1987, 800 positions are scheduled to be filled to strengthen hospital services throughout the state.

A central office recruitment department will be organized to streamline hiring practices. An expansion of staff development opportunities, particularly at the state hospitals, is planned to improve staff retention, a critical factor in maintaining a quality workforce.

### 1986 Accomplishments

All of the Department's major goals, such as renovations of state hospitals and schools and expansion of the community mental retardation system involved human resource efforts in personnel reassignment and recruitment. Significant 1986 accomplishments include:

Distribution of Staffing Resources



## Client Data

### Average Daily Inpatient Census FY'86

#### State Hospitals

<i>Facility and Location</i>	<i>Average Daily Census</i>
Northampton State Hospital Northampton	188
Worcester State Hospital Worcester	394
Danvers State Hospital Hathorne	257
Metropolitan State Hospital Waltham	379
Medfield State Hospital Medfield	258
Westborough State Hospital Westborough	308
Taunton State Hospital Taunton	281
<b>Total</b>	<b>2,065</b>

#### State Schools

<i>Facility and Location</i>	<i>Facility Population</i>
Belchertown State School Belchertown	394
Monson State School Palmer	557
Wrentham State School Wrentham	744
Glavin Regional Center Shrewsbury	46
Hogan/Berry Regional Center Hathorne	337
Fernald State School Waltham	852
Dever State School Taunton	591
<b>Total</b>	<b>3,521</b>

#### Community Mental Health Centers

<i>Facility and Location</i>	<i>Average Daily Census</i>
Bay Cove MHC Jamaica Plain	68
Pocasset MHC Pocasset	27
Corrigan MHC Fall River	34
Dorchester MHC Dorchester	50
Solomon Carter Fuller MHC Boston	26
Lindemann MHC Boston	47
Mass MHC Boston	46
Quincy MHC Quincy	18
Solomon MHC Lowell	44
West-Ros-Park MHC Roslindale	17
<b>Total</b>	<b>377</b>



## Unduplicated Client Count

Adult Mental Health	Day Only	Resid. Only	Day and Resid.	Total Clients	Case Mgmt.
District I	837	240	395	1472	1892
District II	790	190	255	1235	967
District III	1085	170	208	1463	1554
District IV A	358	76	95	529	105
District IV B	590	71	149	810	632
District V	66	180	278	1074	2476
District VI	1202	242	210	1654	1813
<b>Total</b>	<b>5478</b>	<b>1169</b>	<b>1590</b>	<b>8237</b>	<b>9493</b>

### Child/Adolescent Mental Health

District I	597	56	43	696	1076
District II	11	53	7	88	595
District III	99	58	42	199	624
District IV A	67	15	30	112	256
District IV B	25	50	38	113	284
District V	24	62	42	128	405
District VI	449	38	16	503	868
<b>Total</b>	<b>1272</b>	<b>332</b>	<b>218</b>	<b>1822</b>	<b>4108</b>

### Mental Retardation Class Clients

### Service Coord.

District I	92	67	311	470	178	599
District II	83	47	278	408	1	479
District III	32	45	256	333	40	345
District IV A	16	44	129	189	23	226
District IV B	14	104	202	320	10	391
District V	26	102	349	477	—	599
District VI	11	35	179	225	—	278
<b>Total</b>	<b>274</b>	<b>444</b>	<b>1704</b>	<b>2422</b>	<b>252</b>	<b>2917</b>

### Mental Retardation Non-Class Clients

District I	363	90	235	588	695	1070
District II	257	44	198	499	143	1232
District III	414	101	376	850	818	1516
District IV A	252	74	107	433	284	604
District IV B	300	133	194	602	596	1059
District V	320	67	280	789	—	1675
District VI	363	60	205	628	463	593
<b>Total</b>	<b>2233</b>	<b>569</b>	<b>1554</b>	<b>4367</b>	<b>2797</b>	<b>7670</b>



# Financial Report

## Final Revenue FY'86

### Mental Retardation (State Schools)

Facility Name	Revenue to Date
Belchertown	\$ 16,248,911
Dever	22,693,574
Fernald	28,993,978
Glavin	2,704,918
Hogan/Berry	10,716,504
Monson	17,473,667
Wrentham	30,217,549
Omnibus Waiver	2,003,250
Adjustments	(6,703,187)
<b>Total M.R.</b>	<b>\$124,349,164</b>

### Mental Health (State Hospitals)

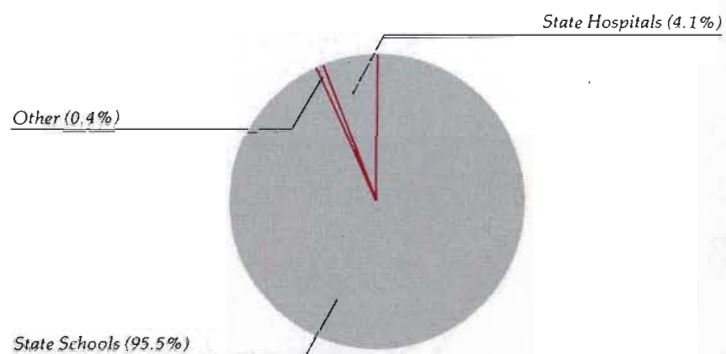
Facility Name	Revenue to Date
Danvers	\$ 247,425
Medfield	272,767
Metroplitan	206,211
Northampton	185,875
Taunton	613,450
Worcester	462,445
Westborough	3,364,321
<b>Total M.H.</b>	<b>\$5,352,494</b>

D.M.H. Division	Revenue to Date
State schools	\$124,349,164
State Hospitals	5,352,494
Other	510,068
<b>Total D.M.H.</b>	<b>\$130,211,726</b>

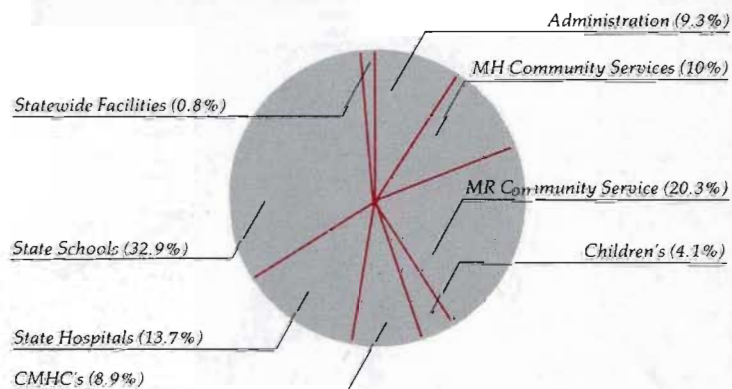
## Final Expenditures FY'86

Division	Expenditure to Date
Administration	\$ 65,658,818
Mental Health Community Services	74,582,918
Mental Retardation Community Services	140,555,537
Children's Services	29,401,671
Community Mental Health Centers	62,881,985
State Hospitals	96,964,751
State Schools	233,355,381
Statewide Facilities	5,830,243
<b>Total</b>	<b>\$709,231,304</b>

## Final Revenue Report FY'86



## Final Expenditure Report FY'86



## Deputy Commissioners



Mona Bennett  
*Deputy Commissioner  
Clinical and  
Professional Services*



Mary McCarthy  
*Deputy Commissioner  
Mental Retardation Services*



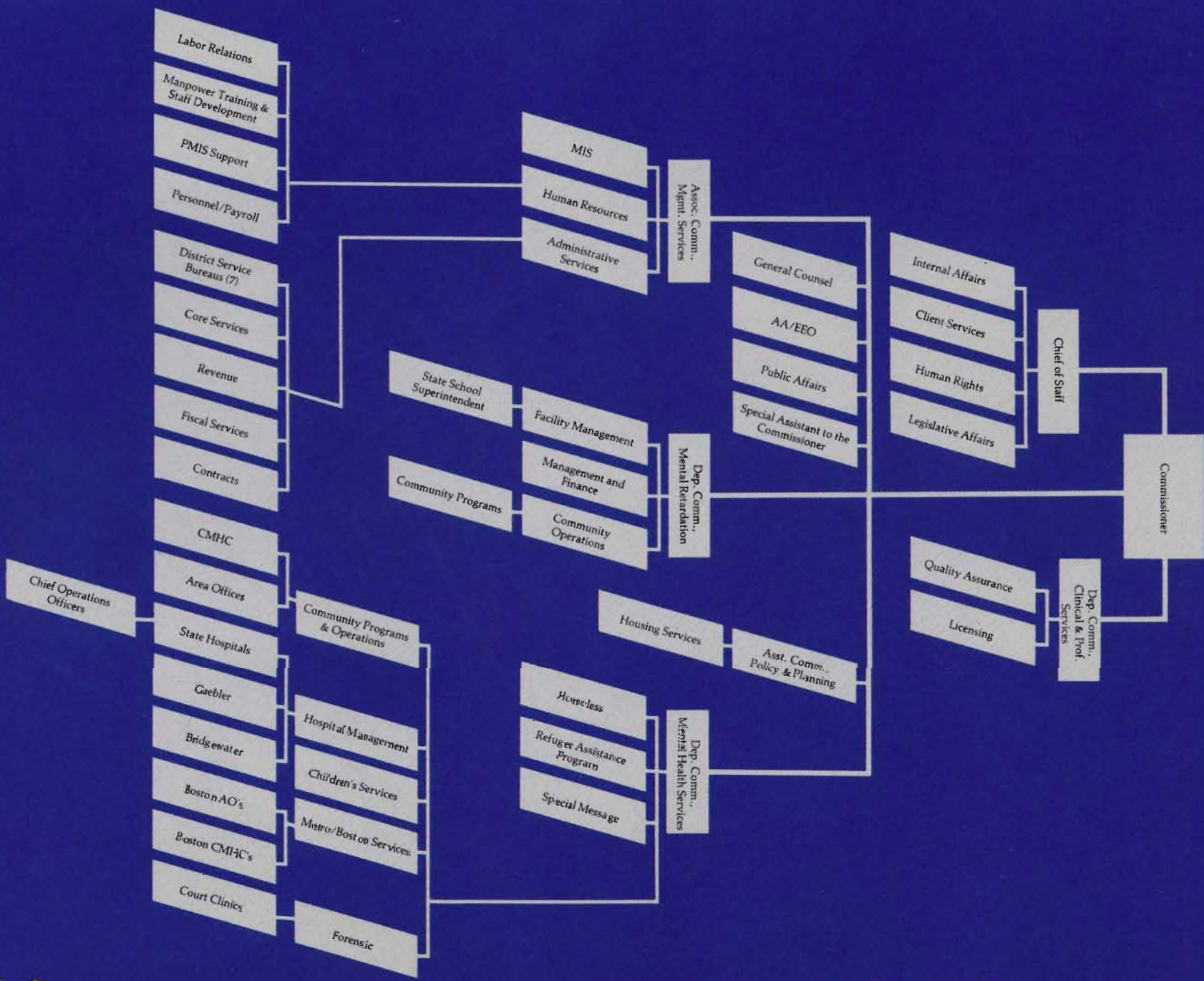
Steven Bavaria  
*Associate Commissioner  
Management Services*

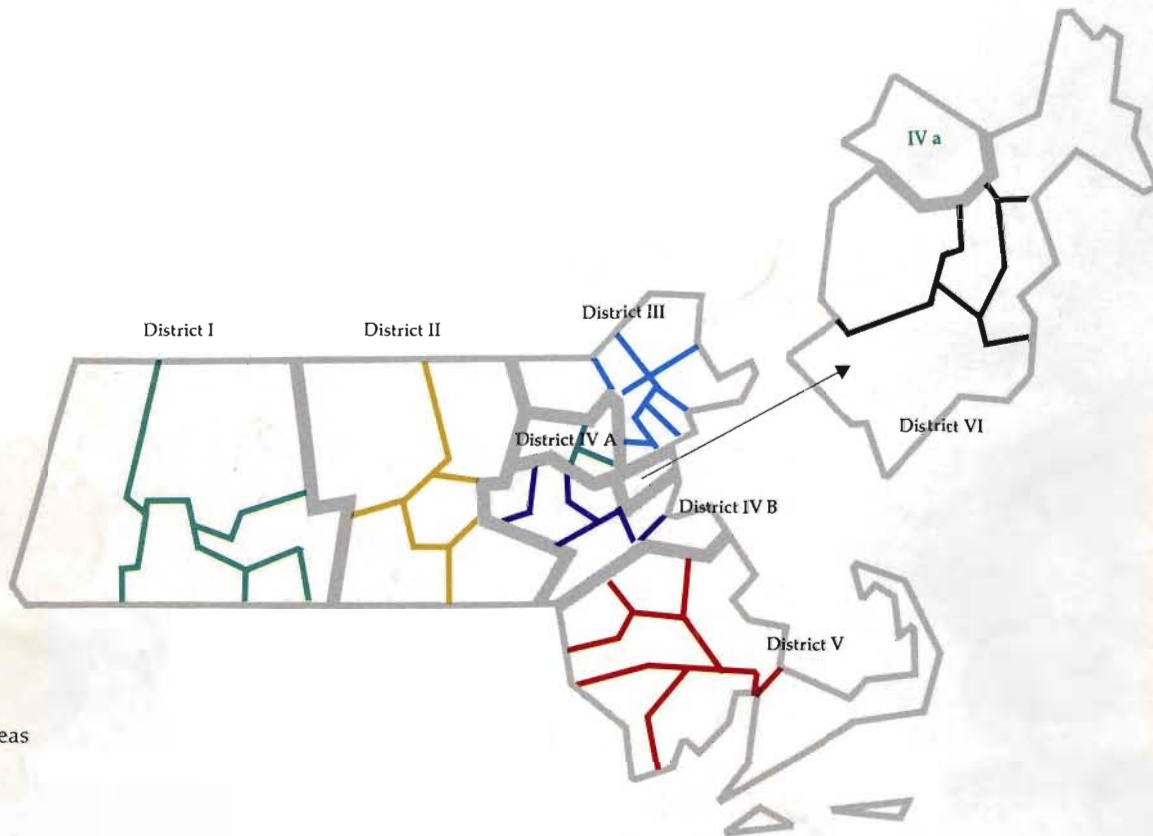


Henry Tomes  
*Deputy Commissioner  
Mental Health Services*



# Organizational Chart





## Service Areas

### District I

Berkshire, Franklin/Hampshire, Holyoke/Chicopee, Springfield, Westfield.

### District II

Blackstone Valley, North Central, South Central, Worcester.

### District III

Cape Ann, Danvers/Salem, Eastern Middlesex, Haverhill/Newburyport, Lawrence, Lowell, Lynn, Tri-City.

### District IV A

Cambridge/Somerville, Concord, Met/Beaverbrook, Mystic Valley.

### District IV B

Coastal, Marlboro/Westboro, Newton/Wellesley/Weston/Needham, South Middlesex, South Norfolk, South Shore.

### District V

Attleboro, Brockton, Cape Cod & Islands, Fall River, New Bedford, Plymouth.

### District VI

Lindemann Mental Health Center, Solomon Carter Fuller Mental Health Center, Massachusetts Mental Health Center, Bay Cove Mental Health Center, Dorchester Mental Health Center, West-Ros-Park Mental Health Center.

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